

Thank you for taking recommendations on the 1115 Waiver concept paper. My reactions are to the "Home and Community Based Infrastructure, Coordination & Care" section.

I write as the mother of a 29-year-old son who has autism and is doing very well in an apartment in our community thanks to HBS funding through the HCBS Waiver. I have served on the Illinois Council on Developmental Disabilities for six years and know a bit about the adult Waiver issues. I have also learned about the HFS Integrated Care Program through research and serving on an Arc of Illinois work group and the Aetna of IL Member Advisory Council.

REACTIONS AND RECOMMENDATIONS --

1. The goals outlined in the concept paper sound good. Ms. Crystal Thomas has said the proposal to CMS will be revenue neutral.

2. So the way the Medicaid budget pie is sliced will be changed. The change should be consistent with the governor's Rebalancing Initiative and the Ligas Consent Decree: supporting people with disabilities in the community, not institutions. State Operated Development Centers and nursing homes are not the best, least restrictive places for many people. Both should get smaller slivers of the budget pie.

3. It is critical to recognize that the needs of people with intellectual or developmental disabilities (Pw/I/DD) - like my son - are NOT only health and safety concerns. Supports and services must continue and be expanded that enable maximum independence through social integration, competitive employment and flexibility in recreation and leisure activities.

The Uniform Assessment Tool raises concerns because the needs of people with intellectual and developmental disabilities are **not delivered by the medical model** and can be very different from those of seniors with health problems. Consultation with experts in the disability community is necessary so a waiver is not trying to make one size to fit all.

4. The proposed path to transformation proposes to "deliver appropriate and HCBS services.....through managed care entities and their provider networks." The only thing that putting HBS services under for-profit managed care companies will do is waste money. Why pass Medicaid dollars through the MCOs to current provider networks that are and have long been under-funded? Please carefully evaluate what would be gained by putting the HCBS services under an MCO. Pw/I/DD should be exempted from managed care; "Service Package 3" of the ICP is a bad idea on any level. And pay the service providers a higher rate, one in line with national standards.

5. Do not confuse the coordination of medical care with the coordination of community based services. I appreciate the importance of a medical 'home' for patients and note that Phase I of the ICP achieved some positive outcomes, e.g., fewer ER visits. Keep

and empower the Division of Developmental Disabilities whose professionals have the expertise and experience in person-centered planning in service delivery.

Thank you.

Bonnie Dohogne